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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2920

SERIAL NUMBER 10/632,395	FILING DATE 07/31/2003 RULE	CLASS GRC 401		P ART UNIT 3751	ATTOR	NEY DOCKET NO. 330342	
APPLICANTS							
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** CONTINUING DATA **********************************							
** FOREIGN APPLICATIONS ************************************							
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/29/2003							
Foreign Priority claimed	STATE OR	SHEE	TS	TOTAL	INDEPENDENT		
35 USC 119 (a-d) conditions met Verified and Acknowledged Example 1	COUNTRY	DRAW	ING	CLAIMS	CLAIMS		
Verified and Acknowledged Example 1	als FL	3]	17	2		
ADDRESS Peter Loffler P.O. Box 1001 Niceville , FL 32588-1001							
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Disposable toothbrush with reservoir							
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